OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Community Eligibility Option Evaluation**

Menu Survey

Attach School ID Label

If you have questions or need assistance, please call
Abt’s toll-free number: 855-759-5752

The Community Eligibility Option Evaluation is being conducted for the:

Food and Nutrition Service

US Department of Agriculture

3101 Park Center Drive

Alexandria, Virginia 22301

By:

Abt Associates Inc.

55 Wheeler Street

Cambridge, Massachusetts 02138

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency’s receipt of funds from USDA’s school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Community Eligibility Option Evaluation**

**Daily Meal Counts Form—CEO Schools**

**School Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** *(1st day of Target Week):\_\_\_\_\_\_\_\_\_\_*

**Instructions**: In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**,please write in the **number of USDA *reimbursable meals* served** in your school each day of the target week. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.

**Number of Reimbursable Lunches Served**

|  |  |
| --- | --- |
| **Day of Week** | **Total** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

**Number of Reimbursable Breakfasts Served**

|  |  |
| --- | --- |
| **Day of Week** | **Total** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Community Eligibility Option Evaluation**

**Daily Meal Counts Form—Non-CEO Schools**

**School Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** *(1st day of Target Week):\_\_\_\_\_\_\_\_\_\_*

**Instructions**: In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**,please write in the **number of USDA *reimbursable meals* served** in your school each day of the target week. Please write the number of free meals, reduced-price meals, and full-price meals, as well as the total number of meals. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.

**Number of Reimbursable Lunches Served**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day of Week** | **Free** | **Reduced-Price** | **Full-Price** | **Total** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

**Number of Reimbursable Breakfasts Served**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day of Week** | **Free** | **Reduced-Price** | **Full-Price** | **Total** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Community Eligibility Option Evaluation**

**Reimbursable Food Form: Breakfast**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of the Week: □ Mon □ Tue □ Wed □ Thu □ Fri

| A. | B. | C. | D. | E. | F. | G. | H. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion Size*****(include units)*** | **Number of Servings Planned*(reimbursable only)*** | **Manufacturer/Brand Name and Product Code*(if applicable)*** | **Food Description***When describing food, include information about type, form, flavor, and fat content* | **USDA Commodity?** | **Recipe?** | **ABT USE ONLY** |
| **MILK** *(Note: if more than one size is available, list in blank spaces)* |
| White, 1% | fl oz. |  |  |  |  |  |  |
| White, fat-free/skim |  fl oz. |  |  |  |  |  |  |
| Chocolate fat-free/skim |  fl oz. |  |  |  |  |  |  |
| Flavored fat-free/skim | fl oz. |  |  | *Specify flavor*: |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **FRUIT** *(Note: Prelisted entries should be used for fruit that is served as purchased. If anything is added before serving, list as separate item and complete RECIPE FORM)* |
| Apple, fresh |  |  |  |  | 🞎 |  |  |
| Banana, fresh |  |  |  |  |  |  |  |
| Blueberries | cup |  |  | 🞎 Fresh 🞎 Frozen 🞎 Sweetened 🞎 Unsweetened | 🞎 |  |  |
| Grapes, fresh |  |  |  |  |  |  |  |
| Orange, fresh |  |  |  |  | 🞎 |  |  |
| Peaches, canned | cup |  |  | 🞎 Heavy syrup 🞎 Light syrup 🞎 Extra light syrup🞎 Juice 🞎 Water | 🞎 |  |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **JUICES** *(Note: prelisted entries should be used only for* ***100% fruit and vegetable juice****. List fruit drinks under “Other Menu Items” section.)* |
| Orange juice | fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
| Apple juice | fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added |  |  |  |
|  |  fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  | fl oz. |  |   | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  | fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  |  fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  |  fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
| **COLD CEREALS** |
| Cheerios – Plain | oz. |  |  |  |  |  |  |
| Cheerios – Honey Nut | oz. |  |  |  |  |  |  |
| Cinnamon Toast Crunch | oz. |  |  |  |  |  |  |
| Golden Grahams | oz. |  |  |  |  |  |  |
| Trix |  oz. |  |  |  |  |  |  |
| Special K | oz. |  |  |  |  |  |  |
| Frosted Flakes | oz. |  |  |  |  |  |  |
| Lucky Charms | oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
|  |  oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
|  | oz. |  |  |  |  |  |  |
| **HOT CEREALS** *(Note: if prepared with fat and/or milk, complete RECIPE FORM)* |
| Cream of Wheat |  oz. |  |  | 🞎 Instant 🞎 Quick 🞎 Reg |  | 🞎 |  |
| Grits | oz. |  |  | 🞎 Instant 🞎 Quick 🞎 Reg | 🞎 | 🞎 |  |
| Oatmeal |  oz. |  |  | 🞎 Instant 🞎 Quick 🞎 Reg | 🞎 | 🞎 |  |
|  | oz. |  |  |  | 🞎 | 🞎 |  |
|  | oz. |  |  |  | 🞎 | 🞎 |  |
| **OTHER BREADS AND GRAINS OFFERED SEPARATELY** |
| Bagel | oz. |  |  | Type: 🞎 Whole grain |  |  |  |
| Biscuit | oz. |  |  | Type: 🞎 Whole grain |  | 🞎 |  |
| Doughnut | oz. |  |  | Type: 🞎 Icing/glaze 🞎 No icing/glaze |  |  |  |
| English muffin | oz. |  |  | Type: 🞎 Whole grain🞎 Margarine 🞎 Butter |  | 🞎 |  |
| Granola/cereal bar | oz. |  |   | *Specify type(s)*: |  |  |  |
| Muffin | oz. |  |  | *Specify type(s):* |  | 🞎 |  |
| Pancake | oz. |  |  | Weight of each:  | 🞎 | 🞎 |  |
| Roll, cinnamon | oz. |  |  | 🞎 Icing 🞎 No icing |  | 🞎 |  |
| Toast | oz. |  |  | Type: 🞎 Whole grain🞎 Margarine 🞎 Butter |  | 🞎 |  |
| Toaster pastry | oz. |  |  | 🞎 Icing 🞎 No icing |  |  |  |
| Waffle/waffle sticks |  |  |  | Weight of each/stick: oz. | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **MEAT AND MEAT ALTERNATES OFFERED SEPARATELY** |
| Bacon | slices |  |  | 🞎 Pork 🞎 Turkey |  |  |  |
| Eggs |  |  |  | 🞎 Boiled 🞎 Fried 🞎 Scrambled*If prepared with fat and/or milk, complete RECIPE FORM* | 🞎 | 🞎 |  |
| Ham | oz. |  |  | 🞎 Pork 🞎 Turkey | 🞎 |  |  |
| Sausage | oz. |  |  | 🞎 Pork 🞎 Turkey 🞎 Beef  |  |  |  |
| Yogurt | oz. |  |  | *Specify flavors:* 🞎 Regular 🞎 Low fat 🞎 Fat free🞎 Low-cal sweetener |  |  |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **COMBINATION BREAD/MEAT ITEMS** |
| Entrée bar | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |
| Breakfast burrito |  oz. |  |  | *Specify fillings*: |  | 🞎 |  |
| Cheese sandwich, toasted | 1 sandwich |  |  | 🞎 Bagel 🞎 English muffin 🞎 White bread 🞎 Whole wheat bread |  | 🞎 |  |
| Egg sandwich | 1 sandwich |  |  | 🞎 Cheese 🞎 Sausage □Ham🞎 Bacon 🞎 Other: 🞎 Bagel 🞎 English muffin 🞎 White bread 🞎 Whole wheat bread |  | 🞎 |  |
| French toast |  |  |  |  |  | 🞎 |  |
| French toast sticks | ea. |  |  | Weight of each stick: oz. |  |  |  |
| Pancake/sausage on a stick | oz. |  |  | Weight of each stick: oz. |  |  |  |
| Breakfast pizza | oz. |  |  | *Specify toppings*:  |  | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **COMBINATION BREAD/MEAT ITEMS** *(continued)* |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **CONDIMENTS** *(Include size if single-serve item)* |
| Self-Serve Bar | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |
| Butter |  |  |  |  |  |  |  |
| Cream cheese |  |  |  | 🞎 Reg 🞎 Low fat 🞎 Fat-free |  |  |  |
| Gravy |  |  |  | 🞎 Reg 🞎 Low fat 🞎 Fat-free |  | 🞎 |  |
| Jelly |  |  |  |  |  |  |  |
| Ketchup |  |  |  |  |  |  |  |
| Margarine |  |  |  |  |  |  |  |
| Salsa |  |  |  |  | 🞎 | 🞎 |  |
| Syrup |  |  |  | 🞎 Reg 🞎 Low sugar 🞎 Sugar-free |  | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **OTHER MENU ITEMS** |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |

OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Community Eligibility Option Evaluation**

**Reimbursable Food Form: Lunch**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of the Week: □ Mon □ Tue □ Wed □ Thu □ Fri

| A. | B. | C. | D. | E. | F. | G. | H. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion Size** ***(include units)*** | **Number of Servings Planned*(reimbursable only)*** | **Manufacturer/ Brand Name and Product Code*(if applicable)*** | **Food Description***When describing food, include information about type, form, flavor, and fat content* | **USDA Commodity?** | **Recipe?** | **ABT USE ONLY** |
| **MILK** *(Note: if more than one size is available, list in blank spaces)* |
| White, 1% |  fl oz. |  |  |  |  |  |  |
| White, fat-free/skim | fl oz. |  |  |  |  |  |  |
| Chocolate fat-free/skim | fl oz. |  |  |  |  |  |  |
| Flavored fat-free/skim | fl oz. |  |  | *Specify flavor*: |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **FRUIT** *(Note: Prelisted entries should be used for fruit that is served as packaged. If anything is added before serving, list as separate item and complete RECIPE FORM)* |
| Apple, fresh |  |  |  |  | 🞎 |  |  |
| Banana, fresh |  |  |  |  |  |  |  |
| Grapes, fresh |  |  |  |  |  |  |  |
| Orange, fresh |  |  |  |  | 🞎 |  |  |
| Pears, fresh |  |  |  |  | 🞎 |  |  |
| Applesauce, canned | cup |  |  | 🞎 Sweetened 🞎 Unsweetened | 🞎 |  |  |
| Fruit cocktail, canned | cup |  |  | 🞎 Heavy syrup 🞎 Light syrup 🞎 Extra light syrup🞎 Juice 🞎 Water  | 🞎 |  |  |
| Peaches, canned | cup |  |  | 🞎 Heavy syrup 🞎 Light syrup 🞎 Extra light syrup🞎 Juice 🞎 Water  | 🞎 |  |  |
| Pears, canned | cup |  |  | 🞎 Heavy syrup 🞎 Light syrup 🞎 Extra light syrup🞎 Juice 🞎 Water  | 🞎 |  |  |
| Pineapple, canned | cup |  |  | 🞎 Heavy syrup 🞎 Light syrup 🞎 Extra light syrup🞎 Juice 🞎 Water  |  |  |  |
| **FRUIT** *(continued)* |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **JUICES** *(Note: prelisted entries should be used only for 100% fruit and vegetable juice. Fruit drinks are included in “Desserts, Drinks, and Snacks” section.)* |
| Orange juice | fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
| Apple juice |  fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added |  |  |  |
| Frozen juice cup / bar | fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added |  |  |  |
|  |  fl oz. |  |   | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  | fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  |  fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
|  |  fl oz. |  |  | 🞎 Vitamin C added 🞎 Calcium added | 🞎 |  |  |
| **VEGETABLES**  |
| Beans, green | cup |  |  | 🞎 Fresh 🞎 Frozen 🞎 Canned🞎 Seasoning/fat added ↘ *Specify* | 🞎 | 🞎 |  |
| Broccoli | cup |  |  | 🞎 Fresh 🞎 Frozen 🞎 Canned 🞎 Seasoning/fat added ↘ *Specify* |  | 🞎 |  |
| Carrots, cooked | cup |  |  | 🞎 Fresh 🞎 Frozen 🞎 Canned🞎 Seasoning/fat added ↘ *Specify* | 🞎 | 🞎 |  |
| Corn, kernels |  cup |  |  | 🞎 Fresh 🞎 Frozen 🞎 Canned🞎 Seasoning/fat added ↘ *Specify* | 🞎 | 🞎 |  |
| Peas, green | cup |  |  | 🞎 Fresh 🞎 Frozen 🞎 Canned🞎 Seasoning/fat added ↘ *Specify* | 🞎 | 🞎 |  |
| **VEGETABLES** *(continued)* |
| Potatoes, whipped or mashed | cup |  |  | 🞎 From fresh*If prepared with fat and/or milk, use RECIPE FORM* | 🞎 | 🞎 |  |
| French fries | oz. |  |  | 🞎 Oven baked 🞎 Deep fried |  | 🞎 |  |
| Tater tots or shapes | oz. |  |  | 🞎 Oven baked 🞎 Deep fried |  | 🞎 |  |
| Salad bar (non-entrée or small portion) | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
| Salad, tossed | cup |  |  | *List dressing as separate item or complete RECIPE FORM* |  | 🞎 |  |
| Carrot sticks |  |  |  | *If offered, list dip as separate item(s) or complete RECIPE FORM* | 🞎 | 🞎 |  |
| Celery sticks |  |  |  |  |  | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **ENTREES OTHER THAN SANDWICHES OR SELF-SERVE BARS** *(Exclude specialty lunches, such as those offered only to children with certain allergies or the inability to pay.)* |
| Pizza, cheese | oz. |  |  | 🞎 Thin crust 🞎 Thick crust 🞎Stuffed crust🞎 Whole grain crust |  | 🞎 |  |
| Pizza, French bread | oz. |  |  | 🞎 Whole grain crust |  | 🞎 |  |
| Pizza, pepperoni | oz. |  |  | 🞎 Thin crust 🞎 Thick crust 🞎Stuffed crust🞎 Whole grain crust |  | 🞎 |  |
| Pizza, sausage | oz. |  |  | 🞎 Thin crust 🞎 Thick crust 🞎Stuffed crust🞎 Whole grain crust |  | 🞎 |  |
| Pizza, other specify  | oz. |  |  | 🞎 Thin crust 🞎 Thick crust 🞎Stuffed crust🞎 Whole grain crust |  | 🞎 |  |
| Pizza, other specify  | oz. |  |  | 🞎 Thin crust 🞎 Thick crust 🞎Stuffed crust🞎 Whole grain crust |  | 🞎 |  |
| Chicken patties (not sandwich) | oz. |  |  | 🞎 Breaded 🞎 Oven baked 🞎 Deep fried |  |  |  |
| **ENTREES OTHER THAN SANDWICHES OR SELF-SERVE BARS** *(continued)* |
| Chicken piece(s)*(specify part)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(specify part)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | 🞎 Breaded 🞎 With skin🞎 Oven baked 🞎 Deep fried | 🞎 | 🞎 |  |
| Chicken nuggets | ea. |  |  | 🞎 Oven baked 🞎 Deep friedWeight of each nugget: oz. |  |  |  |
| Turkey, slice | oz. |  |  |  | 🞎 |  |  |
| Ham, slice | oz. |  |  | 🞎 Pork 🞎 Turkey | 🞎 |  |  |
| Corndog | oz. |  |  | 🞎 All beef 🞎 Pork & beef🞎 Chicken or turkey |  |  |  |
| Burrito | oz. |  |  | *Specify fillings:* |  | 🞎 |  |
| Taco |  |  |  | 🞎 Hard shell 🞎 Soft tortilla*Specify filling:* |  | 🞎 |  |
| Spaghetti with meat sauce | cup |  |  |  |  | 🞎 |  |
| Chef’s salad | 1 salad |  |  |  |  | 🞎 |  |
| Yogurt (as meat alternate) | oz. |  |  | *Specify flavors:* 🞎 Regular 🞎 Low fat 🞎 Fat free🞎 Low-cal sweetener |  |  |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **SANDWICHES & BURGERS**: **Describe contents of each sandwich in space at right.**  | For each sandwich type, complete a Recipe Form or record information for sandwich below including type and weight of bread; type and amount of filling; type and amount of any additions. Provide recipe if needed, such as for Tuna Salad. See Instruction Manual for examples.  |
| Sandwich/deli bar | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** *(See Instruction Manual for examples.)* |  |  |  |
| Hamburger | 1 sandwich |  |  |   | 🞎 | 🞎 |  |
| Cheeseburger | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Hot dog | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Italian sub | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Chicken filet or breast (not breaded) | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Chicken patty (breaded) | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Rib, barbeque | 1 sandwich |  |  |   | 🞎 | 🞎 |  |
| Turkey | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Tuna salad | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Cheese, grilled | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Ham and cheese | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| Peanut butter (or almond, sesame, or sun butter) & jelly | 1 sandwich |  | *Do not record sandwich if not available to* *ALL students*. |   | 🞎 | 🞎 |  |
|  | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
|  | 1 sandwich |  |  |   | 🞎 | 🞎 |  |
|  | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
|  | 1 sandwich |  |  |  | 🞎 | 🞎 |  |
| **SELF-SERVE ENTRÉE BARS** |
| Entrée salad bar (or large portion) | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
| Potato bar | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
| Nacho/taco bar | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
|  | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
|  | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
|  | Self-serve |  | *List all ingredients on* ***SELF-SERVE/MADE-TO-ORDER BAR FORM*** |  |  |  |
| **BREADS AND GRAINS OFFERED SEPARATELY** |
| Biscuit | oz. |  |  | Type: 🞎 Whole grain |  | 🞎 |  |
| Bread, plain | oz. |  |  | Type: 🞎 Whole grain |  |  |  |
| Bread, buttered | oz. |  |  | Type: 🞎 Whole grain🞎Margarine 🞎 Butter |  |  |  |
| Breadstick | oz. |  |  | Type: 🞎 Whole grain |  | 🞎 |  |
| Cornbread | oz. |  |  |  |  | 🞎 |  |
| Crackers | ea. |  |  | Type: 🞎 Whole grain |  |  |  |
| Rice | cup |  |  | Type: 🞎 Brown | 🞎 | 🞎 |  |
| Roll | oz. |  |  | Type: 🞎 Whole grain |  | 🞎 |  |
| Pasta | cup |  |  | Type: 🞎 Whole grain | 🞎 | 🞎 |  |
| Pretzels | oz. |  |  | 🞎 Soft 🞎 Hard 🞎 Whole grain |  | 🞎 |  |
| Tortilla | oz. |  |  | Type: 🞎 Whole grain | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF THE REIMBURSABLE MEAL** |
| Brownie |  |  |  |  |  | 🞎 |  |
| Cake |  |  |  | *Specify type:* |  | 🞎 |  |
| Cookie | oz. |  |  | *Specify type:* |  | 🞎 |  |
| Fruit drink |  fl oz. |  |  | *Specify type:Specify % juice content:* |  |  |  |
| Gelatin, plain | cup |  |  |  |  |  |  |
| **DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF THE REIMBURSABLE MEAL** *(continued)* |
| Gelatin, with fruit | cup |  |  |  |  | 🞎 |  |
| Potato chips | oz. |  |  | *Specify type:* |  |  |  |
| Yogurt | oz. |  |  | *Specify flavors:* 🞎 Regular 🞎 Low fat 🞎 Fat free🞎 Low-cal sweetener |  |  |  |
| Pudding |  oz. |  |  | Flavor:  |  | 🞎 |  |
| Ice cream / ice milk | fl oz. |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
|  |  |  |  |  |  | 🞎 |  |
|  |  |  |  |  |  | 🞎 |  |
|  |  |  |  |  |  | 🞎 |  |
|  |  |  |  |  |  | 🞎 |  |
| **SALAD DRESSINGS** |
| French dressing |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
| Italian dressing |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
| Ranch dressing |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
|  |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
|  |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
|  |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
|  |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
| **OTHER CONDIMENTS** *(Include size of packet if single-serve. Write “Self -Serve” if students can choose the portion.)* |
| Self-serve bar | Self-Serve |  | *List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM* (**See Instruction Manual for examples**.) |  |  |  |
| Barbeque sauce |  |  |  |  |  | 🞎 |  |
| Butter |  |  |  |  |  |  |  |
| Cream cheese |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  |  |  |
| Gravy |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
| Honey |  |  |  |  |  |  |  |
| Ketchup |  |  |  |  |  |  |  |
| Margarine |  |  |  |  |  |  |  |
| Mayonnaise |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  |  |  |
| Mustard |  |  |  |  |  |  |  |
| Tartar sauce |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
| **OTHER CONDIMENTS** *(Continued)* |
| Peppers, jalapeno |  |  |  |  |  |  |  |
| Pickles, relish |  |  |  |  |  |  |  |
| Pickles, slices |  |  |  |  |  |  |  |
| Ranch dip |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  | 🞎 |  |
| Salsa |  |  |  |  | 🞎 | 🞎 |  |
| Sour cream |  |  |  | 🞎 Regular 🞎 Low fat 🞎 Fat free |  |  |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
|  |  |  |  |  | 🞎 | 🞎 |  |
| **OTHER MENU ITEMS** |
|  |  |  |  |  | 🞎 | 🞎 |  |
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OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Self-Serve and Made-to-Order Bar Form**

**Meal** (Circle one)**: Breakfast Lunch**

**Name of Bar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day(s):** 1□ Mon 2□ Tue 3□ Wed 4□ Thu 5□ Fri

| **A.** | **B.** | **C.** | **D.** | **E.** | **F.** | **G.** |
| --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion size** **(*If pre-portioned,**include units)*** | **Manufacturer/Brand Name & Product Code*****(if applicable)*** | ***Include the following information:******Type, Form, Flavor, Fat content (See instruction manual for examples of each)*****Food Description** | **USDA Commodity?** | **Recipe? \*** | **ABT USE ONLY** |
|  |  |  |  | □ | □ |  |
|  |  |  |  | □ | □ |  |
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|  |  |  |  | □ | □ |  |

***\*For each recipe, record recipe details on a Recipe Form***

OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**Community Eligibility Option Evaluation**

**Recipe Forms**

The Community Eligibility Option Evaluation is being conducted for the:

Food and Nutrition Service

US Department of Agriculture

3101 Park Center Drive

Alexandria, Virginia 22301

By:

Abt Associates Inc.

55 Wheeler Street

Cambridge, Massachusetts 02138

**Recipe Form *(Side 1)***

**Recipe/Food name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size of one serving *(include units)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meal:** 1 □ Breakfast 2 □ Lunch **This recipe makes \_\_\_\_\_\_\_\_\_\_ servings**

**Day(s):** 1 □ Mon 2 □ Tue 3 □ Wed 4 □ Thu 5 □ Fri □ **Recipe Attached: (Please fill out Side 2)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A.** | **B.** | **C.** | **D.** | **E.** | **F.** | **G.** |
| **Ingredient Name** | **Amount in Recipe*****(Include units)*** | **Manufacturer/Brand Name and Product Code**  | ***Include the following information:******Type, Form, Flavor, Fat content (See instruction manual for examples of each)*****IngredientDescription** | **USDA Commodity?** | **Recipe?** | **ABT USE ONLY** |
|  |  |  |  | □ | □ |  |
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**Recipe Form *(Side 2)***

**Preparation Information**

Please check (☑) the boxes below to describe the procedures used in preparing this recipe.

**1. If recipe was cooked, what cooking method did you use?** (check all that apply)

 1 □ Bake/roast

 2 □ Oven heat

 3 □ Microwave/warmer

 4 □ Broil/grill

 5 □ Pan fry/sauté 10 □ Floured 11 □ Battered

 6 □ Deep fry 12 □ Floured 13 □ Battered

 7 □ Boil

 8 □ Steam

 9 □ Other *(Specify):*

 n □ Does not apply to recipe

**2. If recipe contains meat or poultry, was amount measured raw or cooked?**

 n □ Does not apply to recipe ***SKIP TO Q.4***

 1 □ Raw

 2 □ Cooked

**3. If recipe contains meat or poultry, did you . . .**

|  |  |  |  |
| --- | --- | --- | --- |
| **check all that apply** | **Yes** | **No** | **Does not apply to recipe** |
| Trim the visible fat?  | 1 □ | 0 □ | n □ |
| Drain fat after cooking?  | 1 □ | 0 □ | n □ |
| Remove skin before cooking?  | 1 □ | 0 □ | n □ |

**4. If recipe contains noodles, rice, or vegetables, did you add salt to the cooking water?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Does not apply to recipe** |
| Noodles/pasta or rice  | 1 □ | 0 □ | n □ |
| Vegetables  | 1 □ | 0 □ | n □ |

**5. If recipe contains canned vegetables or canned fruit, did you drain off all of the liquid?**

 1 □ Yes 0 □ No n □ Does not apply to recipe

Comments